Employment Applicant Profile

Personal Information

First Name:	Middle Initial: (Opti	onal) Last	Name:	
Social Security Number:				
Mailing Address:				
City:	State:	Zip Code:	Country:	
Home Phone: *Area Code fin	rst			
Work/Message Phone: *Area	a Code first			
Email: (Optional)				
Are you currently an Alaska	Resident? Yes	No		
Since (mm/s	уу)			
Do you have a legal right to	accept employment in the U	nited States?	Yes No	
Are you related to any person	n currently working for the S	State of Alaska?	Yes No	
If Yes, please list the	ir name(s), their Department	ts(s), and your relat	ionship(s):	
Have you ever been convicted Have you been convicted of			Yes No	
If you answered Yes	to either of the above questi-	ons, please explain	below:	

Note: If you have been convicted of a felony, you will be required to provide a copy of your judgment if chosen for an interview.

Education & Training Education: Check highest	level attained		
High School Some High School HS Graduate or GED	Post Secondary Some College Associate's Degree Bachelor's Degree Master's Degree Doctorate		
School Name	School Location	Areas of Study	Degrees obtained
Certifications, licenses and d	late obtained.		
Career-specific, job-related t	raining and skills.		

Experience:
Work History: List up to four employers.
Name of employer and location:
Start Date:
(Month/Day/Year)
Ending Date:
(Month/Day/Year)
Job Title:
Supervisor's Name:
Supervisor's Phone
Number:
Number: Full-Time Part-Time
Hours/Week worked:
Salary: (Monthly)
Description. Please describe your duties.
Name of employer and location:
Start Date:
(Month/Day/Year)
Ending Date:
(Month/Day/Year)
Job Title:
Supervisor's Name:
Supervisor's Phone
Number:
Employment Type: Full-Time Part-Time
Hours/Week worked:
Salary: (Monthly)
Description. Please describe your duties.

Name of employer and lo	ocation:		
Start Date:			
(Month/Day/Year)			
Ending Date:			
Job Title:			
Supervisor's Name:			
Supervisor's Phone			
Number:			
Number: Employment Type:	Full-Time	Part-Time	
Hours/Week worked:			
Salary: (Monthly)			
Description. Please descr	ibe your duties.		
•	•		
Name of employer and lo	ocation:		
Start Date:			
Ending Date:			
Ioh Title			
Supervisor's Name			
Supervisor's Phone			
Number:			
Employment Type:	Full-Time	Part-Time	
Hours/Week worked:			
Salary: (Monthly)			
Description. Please descr	ibe your duties.		

Veterans	'/Nationa	l Guard	Preference
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Are you a veteran or a member of the Alaska National Guard? If no, you may proceed to the Optional State of Alaska Equal Employment Opportunity Questionnaire below.

Are you a veteran who served on active duty (not active duty for training) in the United States Armed Forces and did you receive an honorable or general discharge? _____ Yes _____ No

If Yes:

Did you serve during a war* **OR** during the period beginning April 28, 1952, and ending July 1, 1955? **OR**

Did you serve for more than 180 consecutive days, any part of which occurred during the following periods:

- After November 11, 1918, and before December 2, 1919;
- After September 15, 1940, and before December 7, a941;
- After December 31, 1946, and before January 1, 1948;
- After June 26, 1950, and before April 18, 1952;
- After January 31, 1955, and before October 15, 1976; or
- In the Alaska Territorial Guard?

Did you serve during the Gulf War period beginning August 2, 1990, and ending January 2, 1992? AND If you originally enlisted after September 7, 1980, or entered on active duty on or after October 14, 1982, without having previously completed 24 months of continuous active duty, did you serve continuously for 24 months or the full period called or ordered to active duty? **OR**

Were you awarded a campaign or expedition medal or an award or decoration for heroism or gallantry in action? AND if you originally enlisted after September 7, 1980, or entered on active duty on or after October 14, 1982, without having previously completed 24 months of continuous active duty, did you serve continuously for more than 180 days or the full period called or ordered to active duty? Yes No
OR
Are you currently a member of the Alaska National Guard and have you served for eight (8) years or longer? Yes No
 *Under Title 5 Section 2108 of the United States Code the following time periods are considered periods of war. World War I Between April 6, 1917, and November 11, 1918, inclusive Unless service was with the United States military forces in Russia, then the ending date is April 1, 1920. Service after November 11, 1918, and before July 2, 1921, is considered World War I service if time was served in the active military, naval, or air service after April 5, 1917, and before November 12, 1918. World War II: Between December 7, 1941, and December 31, 1946. If in service on December 31, 1946, continuous service before July 26, 1947, is also considered World War II service.
Are you entitled to disability compensation, disability retirement benefits, or disability pension under laws administered by the United States Department of Veterans Affairs or a military department? OR
Were you honorably discharged and awarded the Purple Heart? Yes No
The State of Alaska complies with Title I of the Americans with Disabilities Act (ADA). Individuals with disabilities who require special accommodation, auxiliary aides or services, or alternative communication formats call 465-3897 in Juneau or (907) 465-3514 TTY.
We are an equal opportunity employer and support workplace diversity.

Please read carefully before submitting this profile: I certify the information I have entered on this form is true to the best of my knowledge. I understand if I conceal or enter false information this form, my name may be removed from consideration for a job, or I may be removed from my job, if hired. I understand the information in this profile may be released in an authorized legal investigation; and before I am hired I will be required to sign an official State Form certifying these statements are true. I agree that the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

Applicant's Signature:	
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